MENTALLY ILL OFFENDER CRIME REDUCTION GRANT (MIOCRG) PROGRAM
Program Evaluation Survey

This survey will become part of your county's MIOCRG contract with the Board of Corrections.

1. Key Research Contacts:

County: Tuolumne	
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2. Program Name:
Grant recipients have found it useful to pick a name that helps them to create a Program identity. Two examples are the IMPACT (Immediate Mental Health Processing, Assessment, Coordination and Treatment) project and the Connections Program. Indicate the name you will use to refer to your program.

Response: **Tuolumne County CARES (Crime Abatement Rehabilitation/Recovery Enhancement Services)**

3. Research Design:

a. Check (✓) the statement below that best describes your research design. If you find that you need to check more than one statement (e.g., true experimental <u>and</u> quasi-experimental), you are using more than one research design and <u>you will need to complete a separate copy of the survey for each design</u>. Also, check the statements that describe the comparisons you will make as part of your research design.

Research Design (Check One)
☐ True experimental with random assignment to enhanced treatment and treatment-as-usual groups
☐ Quasi-experimental with matched contemporaneous enhanced treatment and treatment-as-usual groups
☐ Quasi-experimental with matched historical group
☒ Quasi-experimental interrupted time series design
☐ Quasi-experimental regression-discontinuity design
☐ Quasi-experimental cohort design
☐ Other (Specify)
Comparisons (Check all that apply)
☐ Post-Program, single comparison between enhanced treatment and treatment-as-usual groups
☐ Post-Program, repeated comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
☐ Pre-Post assessment with single post-program comparison between enhanced treatment and treatment-as-usual groups
☐ Pre-Post assessment with repeated post-program comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
☐ Pre-Post assessment with repeated pre and post program comparisons between and within enhanced treatment and treatment-as-usual groups
☒ Other (Specify)

b. If you are using a historical comparison group, describe how you will control for period and cohort effects.

Response: **N/A. Within-subjects, pre-post assessment does not use comparison group.**

4. **Target Population:**
Please identify the population to which you plan to generalize the results of your research. Describe the criteria individuals must meet to participate in the enhanced treatment and treatment-as-usual groups (e.g., diagnosis, criminal history, residency, etc.). Also, please describe any standardized instruments or procedures that will be used to determine eligibility for program participation and the eligibility criteria associated with each instrument.

Response: **Target population: seriously mentally ill persons residing in Tuolumne County over the past three years, with recidivism in the criminal justice system. Highest priority will be given to mentally ill felons, serving sentences of less than one year (inclusive of concurrent sentencing); participation in the program is to be a condition of probation. Dual diagnosed offenders will be accepted.**

Specific eligibility criteria: comprehensive mental health assessment finding severe and persistent mental illness meeting WIC 5600.3, (1)(b) and (c) criteria, with history of at least two jail bookings over the past three years.

5. **Enhanced Treatment Group**:
a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the enhanced treatment group will be chosen. For example, this process might include referrals by a judge or district attorney, or selection based on the administration of a mental health assessment instrument.

Response: **While in custody, potential clients will be identified by the program's Classification Officer, and subsequently assessed for eligibility by a program Behavioral Health clinician based in the jail. As an alternate route, potentially eligible persons who have been cited and released may be referred by patrol officers, attorneys, judges, or others. (The size for the enhanced treatment group is based on 25% of the estimated number of re-incarcerated mentally ill re-offender population, which is approximately 120 per year. In addition, the size takes into account the appropriate caseload for the prograqm's Intervention Team.)**

b. Indicate exactly how the enhanced treatment group will be formed. For example, it may result from randomized selection from the pool described in 5a above. Or, if the group size is small, a matching process may be required to achieve equivalence between the enhanced treatment and treatment-as-usual groups. In the case of a quasi-experimental design, the group may be a naturally occurring group. Please describe the origins of this group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring enhanced treatment groups.

Response: **Enrollment in the program occurs when program participation becomes part of an eligible person's probation order. Because the program does not include a comparison group, all eligible persons will be accepted until program capacity is reached. At that point, a waiting list will be created, with priority given to persons with greatest need and/or persons who best fit program criteria.**

6. **Treatment-as-Usual (Comparison) Group:**
   a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the treatment-as-usual group will be chosen.

      Response: **N/A**

   b. Indicate exactly how the treatment-as-usual group will be formed. For example, if a true experiment is planned, the treatment-as-usual group may result from randomized selection from the subject pool described in 5a above. Or, if the group size is small, a matching process may be required in an attempt to achieve treatment-control group equivalence. If a quasi-experimental design is planned, the group may be a naturally occurring group. Please describe the treatment-as-usual group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring comparison groups.

      Response: **N/A**

7. **Historical Comparison Group Designs (only):**
   If you are using a historical group design in which an historical group is compared to a contemporary group, please describe how you plan to achieve comparability between the two groups.

   Response: **N/A**

8. **Sample Size**:
   This refers to the number of individuals who will constitute the enhanced treatment and treatment-as-usual samples. Of course, in any applied research program, subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program). In addition, there may be offenders who participate in the program yet not be part of the research sample (e.g., they may not meet one or more of the criteria for participation in the research or they may enter into the program too late for you to conduct the follow-up research you may be including as part of the evaluation component). Using the table below, indicate the number of individuals that you anticipate will <u>complete</u> the enhanced treatment or treatment-as-usual interventions. This also will be the number of individuals that you will be including in your statistical hypothesis testing to evaluate the program outcomes. Provide a breakdown of the sample sizes for each of the three program years, as well as the total program. Under Unit of Analysis, check the box that best describes the unit of analysis you will be using in your design.

Sample Sizes (Write the expected number in each group)		
Program Year	Treatment Group	Comparison Group
First Year	10 new	
Second Year	15 new (+10)	
Third Year	5 new (+ 25)	
Total	30	

Unit of Analysis (Check one)

☒	Individual Offender
☐	Geographic Area
☐	Other:

9. **Enhanced Treatment Group Interventions**:
   Describe the interventions that will be administered to the enhanced treatment group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

   Response: **The program and its interventions are based upon recommendations from "California's Mentally Ill Offender Crime Reduction Grant: Reducing Recidivism by Improving Care" and on discussions with MIOCR funded counties. The MIOCR Planning Committee reviewed and discussed applicability of recommendations from these models.**

   The Intervention Team consists of a Classification Officer (CO), two Behavioral Health Clinicians (BH), and a Deputy Probation Officer (DPO). While in custody, MIOs are identified by the CO as potentially eligible, and further assessed by the BH clinician. Once enrolled, clients engage in mutual goal setting with Intervention Team members. Incarceration services include mental health and substance abuse counseling, psychiatric care, and clinical stabilization. The Intervention Team coordinates pre-release planning to include housing and financial services, medication stabilization, mental health counseling, and other support. Terms and conditions of probations are tied to each client's treatment plan for service delivery upon release. The BH and DPO on the Intervention Team will continue case management and oversight of treatment regime once the client is released. Services include education enhancement, family support, financial and housing assistance, life skills training, medical, mental health and psychiatric care, probation surveillance, substance abuse rehabilitation, and vocational assistance.

10. **Treatment-as-Usual Group Interventions**:
    Describe the interventions that will be administered to the treatment-as-usual group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

    Response: **No comparison group will be used. All program clients will receive enhanced interventions.**

11. **Treatments and Outcomes (Effects):**
    Please identify and describe the outcomes (treatment effects) you hypothesize in your research. Indicate in the table below your hypothesized treatment effects (i.e., your dependent variables), their operationalization, and their measurement. Also indicate the treatment effect's hypothesized cause (i.e., treatments/independent variables) and the hypothesized direction of the relationship between independent and dependent variables.

Independent Variables (treatment)	Dependent Variables (hypothesized outcomes)	Operationalization of Dependent Variables	Method of Measuring Dependent Variable	Hypothesized Relationship Between Ind & Dep Variables (+ or -)
intensive oversight	recidivism	CJ activity (bookings,	counts from criminal	+ oversight, - CJ

		convictions, jail days)	justice records	activity
by case managers and probation officer				6
intensive oversight by case managers and probation officer	mental stability	psychiatric hospital in-patient days	counts of hospital days	+ oversight, - hospital days

12. Statistical Analyses:

Based on the table in #11 above, formulate your hypotheses and determine the statistical test(s) you will use to test each hypothesis. Enter these into the following table.

Statements of Hypotheses	Statistical Test(s)
1. The number of bookings for new offenses will decrease for program participants.	The test used will depend upon the number of participants. If few, simple percentages may be most. If many, MANOVA would be the statistic of choice for the research design.
2. The number of convictions will decrease for program participants.	Same
3. The number of jail days served will decrease for program participants.	Same
4. The number of psychiatric in-patient days will decrease for program participants.	Same
5. General functioning of program participants will improve.	Trends over time in Axis V (GAF) scores.
6. Program participants will indicate that their quality of life has improved.	Trends over time in CA-QOL results.
7.	
8.	
9.	
10.	

13. Cost/Benefit Analysis:

Please indicate whether you will be conducting a Program cost/benefit analysis of the program (optional).

Cost/Benefit Analysis	
☒ Yes	☐ No

If you will conduct a cost/benefit analysis, describe what it will focus on and how it will be performed.

Response: **The program team will compare historical, (pre-entry to CARES participation) criminal justice costs (incarceration, court costs, arrests, psychiatric in-patient days), adjusting for inflation, to costs after admission to program. (The analysis will factor in net CARES program costs).**

14. Process Evaluation:

How will the process evaluation be performed? That is, how will you determine that the program has been implemented as planned and expressed in your proposal? Please include a description of how will you will record and document deviations of implementation from the original proposal. Also, please identify who will conduct this evaluation and who will document the results of the evaluation.

Response: **Program staff members, using local records, will track and analyze criminal justice process data (such as failures to appear for court hearings) and program participation data (such as number of mental health counseling visits or group meetings attended). In addition, the evaluator will document details of**

program implementation, noting changes from the submitted grant agreement, as appropriate. **To complete these studies, program personnel will gather demographic and mental health data and information on court actions. In addition, the evaluator will gather program documents (such as MOUs and meeting minutes) and generate detailed descriptions of program procedures (such as screening and enrollment procedures). Process evaluation findings will be reported annually (or more often, if feasible) to MIOCR Steering Committee for review and comment.**

15. **Program Completion:**
What criteria will be used to determine when research participants have received the full measure of their treatment? For instance, will the program run for a specified amount of time irrespective of the participants' improvement or lack thereof? If so, how long? Alternatively, will completion be determined when participants have achieved a particular outcome? If so, what will that outcome be and how will it be measured (e.g., decreased risk as measured by a "level of functioning" instrument)?

Response: **Clients will be graduated from the program when they reach functional stability criteria to be developed by Intervention team to include at least (1) a defined period without re-entry to criminal justice system, (2) medication and counseling compliance, and/or a (3) stable living situation.**

16. **Participant Losses:**
For what reasons might participants be terminated from the program and be deemed to have failed to complete the program? Will you continue to track the outcome measures (i.e., dependent variables) of those who leave, drop out, fail, or are terminated from the program? For how long will you track these outcome measures?

Response: **Termination may occur if the participant (1) moves out of the area, (2) is released from terms of probation and chooses to leave program before meeting functional stability, (3) is sentenced to prison, or (4) is determined not to be amenable to treatment.**